

# Exhibit F

RECORD OF DEPORTABLE ALIEN						(See A. M. - 2790.31 - 34 for Instructions)			
Family Name <b>LOPEZ-Menera, Abel</b>		Given Name <b>Abel</b>		Middle Name <b></b>		Sex <b>Male</b>	Hair <b>BLK</b>	Eyes <b>brn</b>	Complexion <b>Med</b>
Country of Citizenship <b>Mexico</b>		Passport Number and Country of Issuance <b>N/A</b>		File Number <b>A-75 540 638</b>		Height <b>5'7"</b>	Weight <b>140</b>	Occupation <b>LABORER</b>	
U. S. Address <b>1086 C St.</b>		(Residence) <b>Santa Rosa</b>	(Number) <b></b>	(Street) <b>California</b>	(City) <b></b>	(State) <b></b>	(Zip Code) <b></b>		
Date, Place, Time, Manner, of Last Entry <b>10/1/89 San Ysidro, California EWI</b>					Passenger Boarded At <b>N/A</b>				
Number, Street, City, Province, (State) and Country of Entry and Residence <b>Michoacan, Mexico</b>									
Birthdate <b>8/5/70</b>			Date of Action <b>9/14/98</b>		Location Code <b>CLP</b>				
City, Province, (State) and County of Birth <b>Michoacan, Mexico</b>			AR <input checked="" type="checkbox"/> Form (Type & No.) <b></b>						
Visa Issued At - NIV No. <b></b>			Social Security Account Name <b></b>						
Date Visa Issued <b></b>			Social Security No. <b>654-08-9687</b>		Send O.C. Pass Check To: <b></b>				
Immigration Record <b></b>					Criminal Record <b>See Conviction Documents and CII: A09982528</b>				
Name, Address and Nationality of Spouse (Maiden Name, if appropriate) <b>SANCHEZ, Rosa, US (EWI), El Salvador</b>						Number and Nationality of minor Children <b>3 USC MEX</b>			
Father's Name, and Nationality and Address, if Known <b>LOPEZ, Carmelo, Mexican, Mexico</b>					Mother's Present and Maiden Names, Nationality, and Address, if Known <b>MENERA, Andrea, Mexican, Mexico</b>				
Monies Due / Property in U. S. Not in Immediate Possession <b></b>			Fingerprinted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Lockout Book Checked <input checked="" type="checkbox"/> Not Listed <input type="checkbox"/> Listed, Code		Deportation Charge(s) (Code Word) <b>I6A</b>		
Name and Address of (Last)(Current) U. S. Employer <b></b>				Type of Employment <b></b>		Salary <b>\$ hr.</b>		From: To:	
Narrative (Outline particulars under which alien located / apprehended. Include details, not shown above, re time, place, manner of last entry, and elements which establish administrative and / or criminal violations. Indicate means and route of travel to interior) Alien has been advised of communications privileges pursuant to 8 CFR 242.2 (e). Initial _____ Date _____									
<p>PRISON NAME: <b>MENERA, Abel</b> Additional DOB's: <b>9/6/70, 8/6/70</b></p> <p>CDC NUMBER: <b>K72631</b></p> <p>PC OR H&amp;S: <b>23152(b)</b></p> <p>COURT: <b>Sonoma</b></p> <p>CRIME: <b>Driving Under the Influence</b></p> <p>CONVICTION DATE: <b>8/12/97</b></p> <p>SENTENCE: <b>2 years</b></p> <p>RELEASE DATE: <b>10/16/98</b></p> <p>IMMIGRATION STATUS: <b>EWI</b></p> <p>AKA: <b>LOPEZ, Bernabe</b></p> <p>Narrative: <b>Second "A" number 76687449</b></p>									
<p>Circle One: Contested <input checked="" type="radio"/> AD R/I TFRD</p> <p>I-618 and list of Free Legal Services provided to Alien</p>									
DISTRIBUTION: Original - A File					<p>Received (subject and documents) (representative view) from:</p> <p>Officer <b>Deportation Officer</b></p> <p><b>9.17.98</b> AT <b>1</b> PM</p> <p><b>OSCANIA</b> <b>AD</b> <b>11</b> <b>SDDO</b></p> <p>(Receiving Officer)</p>				